National Health and Safety Performance Standards

Child Care Staff Health Assessment

****	***** Employer should o	complete this section. *****	***	
Name of person to be exam	nined:			
Employer for whom examin	nation is being done:			
Employer's Location: Phone number:				
urpose of examination: \square pre-employment (with conditional offer of employment) \square annua			☐annual re-examination	on
Type of activity on the job:	□lifting, carrying children □close contact with children □food prepa		Ifood preparation	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	desk work	driver of vehicles	In facility maintenance	
			<u> </u>	
		d and signed by a licensed p		***
	•	ealth history, and examination, does to	•	
nave any of the follow	ing conditions or problems that	might affect job performance or requ	ire accommodation?	
		Date of exam:		_
Part I: Health Problems			(circle	e)
Visual acuity less than 20/40 (combined, obtained with lenses if needed)?				,
Decreased hearing or difficulty functioning in a noisy environment (less than 20 db at 500, 1000, 2000, 4000 Hz)?				
Respiratory problems (asthma, emphysema, airway allergies, current smoker, other)?				
Heart, blood pressure, or other cardiovascular problems?				
Gastrointestinal problems (ulcer, colitis, special dietary requirements, obesity, other)?				
Endocrine problems (diabetes, thyroid, other)?				
Emotional disorders or addiction (depression, substance dependency, difficulty handling stress, other)?				
Neurologic problems (epilepsy, Parkinsonism, other)?				
Musculoskeletal problems (low back pain or susceptibility to back injury, neck problems, arthritis, limitations on activity				
Skin problems (eczema, rashes, conditions incompatible with frequent handwashing, other)?				
Immune system problems (from medication, inherent susceptibility to infection, illness, allergies)?				
Need for more frequent health visits or sick days than the average person? Other special medical problem or chronic disease that requires work restrictions or accommodation?				
Part II: Infectious Diseas Immunizations now due/overd dT (every 10 years)	ue for:		yes	no
MMR (2 doses for persons born after 1989; 1 dose for those born in or after 1957)				
hepatitis B (3 dose series)				
varicella (2 doses or had the disease)				
influenzapneumococcal vaccinepneumococcal vaccine				
		s?		
Mantoux test date	us snows a risk for communic Result	able TB?	yes	no
Tuberculosis transmission shall be controne-step or two-step Mantoux intrader A) A positive Mantoux intradermal skin b) Tuberculosis disease that has been transpectives.	rolled by requiring regular and substitu mal skin test prior to beginning emplo test result in the past, or eated appropriately in the past	te staff members and volunteers to have the syment unless they produce documentation or individuals over 60 years of age or those work by their physician or a health department of the staff of the staff of the staff or the staff of the sta	of the following:	
Please attach add	itional sheets to explain all "y	ves" answers above. Include the p	lan for follow up.	МБ
				MD DO
				RNP
(Date) (Signate)	gnature)	(Printed last r		itle)
Phone number of physician	or CRNP:			
I have read and understand the ab				
(Date) (Pa	tient's Signature)		<u> </u>	

Reference: Pennsylvania Chapter, American Academy of Pediatrics. Model Child Care Health Policies. 3rd ed. Washington D.C: National Association for the Education of Young Children, 1997.

This form was adapted from Model Child Care Health Policies, June 1997, by the Early Childhood Education Linkage System (ECELS), a program funded by the Pennsylvania Depts. of Health & Public Welfare and contractually administered by the PA Chapter, American Academy of Pediatrics.